

Case Number:	CM15-0090753		
Date Assigned:	05/15/2015	Date of Injury:	10/05/2010
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53-year-old man sustained an industrial injury on 10/5/2010 when she stepped in a hole and fell. Evaluations include an undated right hip MRI and lumbar spine MRI dated 12/14/2012. Diagnoses include mechanical back pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, probable right sacroiliitis, possible lumbosacral radiculitis, myofascial pain syndrome, and depression secondary to chronic pain. Treatment has included oral medications, physical therapy, acupuncture, and injections. Physician notes dated 3/23/2015 show complaints of low back and leg pain rated 6-8/10. Recommendations include Robaxin, Tizanidine, Percocet, urine drug screen, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 10/325 MG #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/5/2010. The medical records provided indicate the diagnosis of mechanical back pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, probable right sacroiliitis, possible lumbosacral radiculitis, myofascial pain syndrome, and depression secondary to chronic pain. Treatment has included oral medications, physical therapy, acupuncture, and injections. The medical records provided for review do not indicate a medical necessity for Percocet 10/325 MG #90 with 2 Refills. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication since 10/2014 without overall improvement. The injured worker is not properly monitored for pain relief and aberrant behavior. The request is not medically necessary.